

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1309

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. _____		1002		Registrar's No. <u>137</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>  b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>  c. LENGTH OF STAY (in this place) <u>9 days</u>  d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>  c. CITY (If outside corporate limits, write RURAL and give township) <u>Odessa</u> <u>2540</u>  d. STREET ADDRESS (If rural, give location) <u>X1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>William</u> c. (Last) <u>Nolte</u>					4. DATE OF DEATH (Month) (Day) (Year) <u>January 9, 1950</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 21, 1902</u>		9. AGE (in years last birthday) <u>47</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>feed grinder</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Lafayette Co., Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Fredrick Nolte</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Figenbaum</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth Nolte</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>492 18 3955</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Nolte</u> ADDRESS <u>Odessa, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>This does not mean mode of dying, such as heart failure, asphyxiation, etc. It means the disease, injury, or complication which caused death.</u>					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary embolus</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>post operative cholecystectomy &amp; appendectomy</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>gall stones</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		584 X			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			22. I hereby certify that I attended the deceased from <u>1-1-</u> , 19 <u>50</u> , to <u>1-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-9</u> , 19 <u>50</u> , and that death occurred at <u>8P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. W. Greene</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1103 Grand</u>			23c. DATE SIGNED <u>1-9-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>1-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>1-10-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Husman-Sparks</u> ADDRESS <u>Odessa, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 9 1950

MAR 21 1950

MAR 29 1950

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

10. Usual occupation Feed grinder

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Fredrick Nolte

13. Birthplace Mayview Mo.  
(City, town or county) (State or foreign country)

MOTHER { 14. Maiden name Mary Fegenbaum

15. Birthplace Mayview Mo.  
(City, town or county) (State or foreign country)

16. (a) Informant Clyde Nolte

(b) Address Odesa, Mo.

17. (a) Burial (b) Date thereof 1-11-50  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odesa Cemetery

18. (a) Signature of funeral director Husman Sporko

(b) Address Odesa, Mo.

19. (a) 1-10-50 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

Other conditions Post-operative cholecystectomy  
(Include pregnancy within 3 months of death)

and appendectomy

Major findings: Gall stones

Of operations \_\_\_\_\_

Of autopsy NOT done

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. W. Greene (M. D. or other) MD

Address 1103 Grand, Kansas City Date signed 1-9-50

PHYSICIAN

Underline the cause to which death should be charged statistically.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*William T. Sparks*

Licensed Embalmer No. ....

*#4431*

P. O. Address.....

*Odessa Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of MISSOURI } THE STATE BOARD OF HEALTH OF MISSOURI  
County of LAFAYETTE } ss. BUREAU OF VITAL STATISTICS  
#144532  
State File No. 1309  
AffIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. ....

On this 6th day of MARCH, 1950, before me, appears.....

....., who, upon HIS oath, states that the original record of ~~birth~~ death  
for CLYDE NOLTE  
HENRY W. NOLTE died JANUARY 9th, 1950 in the State of  
Missouri, and which was filed at KANSAS CITY, MO. on 9th JAN, 1950, should be corrected as follows:

Item No. 1 should read BORN JANUARY 21, 1902

Instead of MARCH 21, 1902

Item No. 2 should read SOCIAL SECURITY NUMBER 492-18-3955

Instead of NONE

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Clyde Nolte SON Relationship.

ODESSA, MISSOURI.

Present Address.

Subscribed and sworn to before me this 6th day of MARCH, 1950..

My Commission Expires Oct. 27, 1954  
My Commission expires Oct. 27, 1954 Thomas Dyer Notary Public.